

**Maryland Mental Health Transformation State Incentive Grant
Transformation Work Group Meeting
College Park, Maryland
October 28, 2009
9:00 a.m.-12:30 p.m.**

Attendees:

John Colmers, DHMH Secretary
Renata Henry, DHMH Deputy Secretary
Lissa Abrams, MHA Deputy Director
Daryl Plevy, MHA MHT Director
Debbie Agus, Project Connections
Kerry Ahearn-Brown, Kent County DSS
Lynn Albizo, NAMI of Maryland
Alexis Allenback, Dept. of Labor, Licensing, & Regulation
Debbie Andersen
Laura Anderson, University of MD
Carl Bailey, Office of Employment & Program Equity
Marian Bland, MHA
Terry Bohrer, Terezia Bohrer & Associates
Shanna Borrell, Baltimore MH Systems
Jennifer Brown, OOO MD
Lea Ann Browning-McNee, MH Association of MD
Jim Chambers, MHA
Barry Churchill, OOO of Frederick County
Valarie Colmore
Antoinette Coward, Family Health Admin., DHMH
Charmian Crawford, Dept. of Juvenile Services
Alicia Dalton, QCI Behavioral Health
Steve Day, Technical Assistance Collaborative
Eric English, MHA
Jarvia Fishell, Maple Shade Youth & Family Services
Lachelle Freeman, University of Maryland
Melvin Freeman, DHR
Jennifer Frey, OOO MD
Barry Friedman, St. Luke's House
Nell Geddes, MD Coalition of Families for Children's MH
Alex George, St. Luke's House
Brian Grady
Nicole Graner, St. Luke's House
Debra Hammen, MHA
John Hammond, MHA
Eileen Hansen, University of Maryland
Richard Hegner, MHT Consultant
Jennifer Howes, MHT
Bill Hudock, CMHS SAMHSA
Richard Inwood, Family Support Telephone Network
Joanne Johansen, Family Support Telephone Network

David Jones, Baltimore MH Systems
Keenan Jones, MHA
Shannon King, QCI Behavioral Health
Sarah Knutson, OOO of Frederick County
Lisa Kornberg, Governor's Office for the Deaf & Hard of Hearing
Paula Langmead, Springfield Hospital Center
Tina Lipscomb, MHA
Ruth Ann McCormick, University of Maryland
Kevin McGuire, DHR
Mary Mastrandrea, ValueOptions MD
Joanne Meekins, MHA of MD
Eva Meysenburg, DHR
Patricia Morris, PG County Dept. of Family Services
Clarissa Netter, MHA
Ann O'Hara, Technical Assistance Collaborative
Frank Pecukonis, Anne Arundel County MH Agency
Ann Pincus, MHT Consultant
Marion Pines, Johns Hopkins University
Michelle Plewes, Governor's Office of the Deaf & Hard of Hearing
Nina Radzikowski, Family Support Telephone Network
Cathy Raggio, Department of Disabilities Secretary
James Reinsel, Department of Disabilities
Iris Reeves, MHA
Karen Rever, Alliance, Inc.
Sue Ravis, NAMI of Montgomery County
Penny Scrivens, MHA
Diana Seybolt, University of Maryland
Cheryl Sharp, OOO MD
Lisa Sloane, Technical Assistance Collaborative
Susan Smith, Housing Opportunities Commission
Nadirah Smith, Win Family Services
Stephen Stahley, MHT Consultant
Susan Stromberg, CMHS SAMHSA
Erica Sullivan, NAMI Maryland
Denise Sulzbach, University of Maryland
Sandra Sundeen, University of Maryland
Susan Tate, Silver Spring Drop-In Center
Alicia Theoharris, Dept. of Juvenile Services
Deborah Thomas-Campbell, Progressive Life Center
Patricia Vorus, MHT Consultant
Christina Waddler, PG County MH & Disabilities Administration
Michelle Zabel, University of Maryland

Opening Remarks

Secretary John Colmers
Deputy Secretary Renata Henry
Ms. Susan Stromberg
Ms. Daryl Plevy

DHMH Secretary John Colmers welcomed the audience to College Park. He also expressed gratitude for the support and input of the state's mental health advocates, whom he described as a critically important resource for MHA and DHMH. Secretary Colmers noted that current discussions about reforming the health care system are about more than cost containment—they really basically relate to shaping quality of life. While the times are difficult economically, this offers a special opportunity to make needed changes in service delivery and the overall mental health system. He pointed out Maryland's national leadership in areas such as consumer participation in mental health policymaking, promotion of wellness and recovery, and integration of mental health and physical health care. He saluted MHA for its successful competition for federal grants, reflecting federal recognition of the state's track record in the area of public mental health care. Noting his firm belief in the adoption of evidence based practices, the Secretary cited the importance of MHA's constructive partnership with academia. SAMHSA's presentation of its Science and Service Award to Maryland is in part evidence of this strong partnership. He described the state's successful Mental Health First Aid initiative as emblematic of Transformation in Maryland, which is the first state in the country to launch such a program. He commended Deputy Secretary Henry for placing priority on people instead of funding streams.

Deputy Secretary Renata Henry reported on recent developments in her area. She chaired a Maryland delegation to SAMHSA's National Policy Summit on Disparities, which has energized the state's activities in the areas of reducing disparities in behavioral health. The state delegation was diverse and included members from all areas of behavioral health, including substance abuse and developmental disabilities. She also described the series of four regional meetings she held in late summer to improve coordination among the agencies reporting to her (MHA, the Developmental Disabilities Administration, and the Alcohol and Drug Abuse Administration) and remove barriers to serving Marylanders with co-occurring disabilities. Improved integration of these administrations is of critical importance at a time of state revenue shortfalls and budget reductions. Ms. Henry also underscored the importance of the collaboration of consumers, families, and advocates in the state's behavioral health programs. Like Secretary Colmers, she saluted the Transformation Office for making housing a major part of the day's agenda, since it is a critical variable in successful behavioral health programs. She closed by expressing her hope that national health reform will address behavioral health priorities.

Susan Stromberg, the SAMHSA project officer for Maryland's Transformation grant, noted the high level of excitement about Transformation among the state's mental health stakeholders. After discussing recent SAMHSA grant awards to Maryland for Transition Age Youth and an Eastern Shore System of Care, she expressed her own enthusiasm for working with MHA and its stakeholders. She cited the state's mental health advocacy and consumer organizations as important factors in its successful competition for SAMHSA grants.

In addition to introducing the speakers and setting the context for the meeting, Daryl Plevy explained that Dr. Brian Hepburn could not attend because of his participation in state budget decision making meetings that conflicted with timing of the TWG meeting.

Administrative Service Organization/Value Options

Ms. Lissa Abrams

Ms. Mary Mastrandrea

Secretary Colmers commended Lissa Abrams for her hard work and leadership in bringing about the successful transition in MHA's administrative services organization (ASO) from MAPS MD to ValueOptions.

Ms. Abrams characterized MHA's goal in managing the ASO transition as making it as expeditious and seamless as possible. Despite some difficult initial challenges, the transition is making progress, including the addition of staff resources at ValueOptions. The contract award to ValueOptions was made in June 2009, with the "go live" date for the new ASO on September 1. ValueOptions contracted with ACS, the payment vendor for MAPS MD, to administer payments for services rendered prior to September 1 to assure a steady cash flow to providers, a factor of critical importance to consumers' getting needed mental health services. ValueOptions is now paying all claims for services from September 1 forward.

The new ASO will play a crucial role in managing services in the public mental health system. Given the state budget crisis, an important objective for the ASO is confirming the appropriateness of more intensive levels of care and assuring that state funds are channeled to those in greatest need. ValueOptions will also be tightening the requirements for services to uninsured patients, verifying that they qualify financially for state support. CSAs will be able to make exceptions to this policy in urgent care situations. Ms. Abrams concluded by noting that there are still some challenges in the ASO transition, but expressed optimism that they can and will be met.

Ms. Abrams introduced Mary Mastrandrea, the CEO of ValueOptions Maryland, who described ValueOptions as the largest independent behavioral health and wellness company in the U.S., with 30 years of experience in this arena with both public sector and commercial contracts. It has over 300 corporate clients, including half of the Fortune Ten companies. ValueOptions administers benefits for 23 million covered lives nationally, of whom 4.5 million in 14 states are served under contract with state mental health agencies. A principal goal of ValueOptions is to use technology to drive down costs. A dedicated team based in Maryland is responsible for providing ASO services to MHA. Ms. Mastrandrea encouraged the audience to visit the ValueOptions Maryland website, <http://maryland.valueoptions.com>.

Recovery

Ms. Eileen Hansen

Ms. Jennifer Brown

Eileen Hansen reviewed the history of efforts to promote recovery in Maryland over recent years to set the current initiatives in context. For the past decade or so, MHA's annual conference has included a plenary session at which a consumer presented his or her recovery story. At a policy summit in December 2004, the ideas of Consumer Quality Teams and Self-Directed Care in

Maryland were first discussed; each has evolved into a full-fledged program since then. In August 2007, MHA convened the first meeting specifically devoted to a recovery agenda; draft changes to state regulations governing outpatient mental health centers and psychosocial rehabilitation programs to make them more recovery-oriented were discussed, and provider training was planned. In February 2008, MHA sponsored six recovery forums at locations across the state, which offered an overview of recovery and intensive training; these forums also featured consumer panels that discussed personal recovery experiences as well as recovery discussion sessions among local stakeholders.

More recently, Transformation funds have been used to promote recovery among Maryland providers. A request for expressions of interest (REI) was issued, and 19 proposals were received by MHA from providers across Maryland. Ultimately, four providers were selected to participate in intensive recovery-oriented training: Alliance, Arundel Lodge, Johns Hopkins Bayview, and Humanim. Each provider will be given monthly on-site training for its staff and consumers by a variety of expert presenters. These four programs will be given the resources to serve as models and mentors for other Maryland provider agencies.

Jennifer Brown offered some general perspectives on recovery. She cited a recent article on the three C's of recovery: culture, commitment, and capacity. They are related to the four core values of the recovery paradigm: personhood or mutual respect (as exemplified by the Anti-Stigma Project in Maryland); full partnership ("nothing about us without us," a core value of recovery centers of excellence); self-direction or choice (reflected in the work of the Self-Directed Care program in Washington County); and hope or orientation to growth, the cornerstone of WRAP.

She introduced the two individuals selected to offer intensive technical assistance and consultation to the four agencies who will participate in the recovery training—Debbie Anderson, well known to many Maryland mental health stakeholders, and Jennifer Frey, who comes from Connecticut, where she has worked with Yale's Center for Recovery and Community Health. Each spoke briefly, expressing gratitude for the opportunity to work on this promising project.

Housing

Secretary Cathy Raggio

Mr. Steve Day

Ms. Lisa Sloane

Secretary Raggio recalled that the Department of Disabilities (DOD) had encouraged MHA to apply for a Transformation grant. She saluted MHA for stakeholder involvement in Transformation and expressed pride in MHA's achievements under the Transformation grant.

Unifying housing for people with disabilities across agencies is a crucial part of DOD's mission. The DOD constituent service team has identified housing—especially affordable housing—as the principal area of interest for consumers with disabilities. In its annual review of DOD, the Department of Legislative Services recommended that housing ought to get more emphasis in DOD's Managing for Results activities. Accordingly, DOD has convened a special interagency task force on housing for people with disabilities; task force members include PHAs (public

housing authorities) from Maryland's seven most populous subdivisions, the Department of Housing and Community Development (DHCD), DHMH (including MHA, DDA, and Community Bond, the state bond funding unit), and disability advocates with housing experience and expertise. MHA has made the consulting resources of the Technical Assistance Collaborative (TAC) available to the DOD task force. The Task Force has focused its attention on SSI and SSDI recipients.

Secretary Raggio noted that it is estimated that 3,000 Marylanders under age 65 reside in nursing facilities. These include people with physical disabilities and those with traumatic brain injury. Their common characteristic is that most of them would be homeless if they lived in the community. This offers graphic evidence of the difficulty consumers with disabilities confront in obtaining affordable housing and supportive services.

Housing is primarily a function of local government. It is estimated that the Public Housing Authorities (PHAs) in Maryland's seven most populous jurisdictions serve only 10 percent of SSI and SSDI recipients. Ms. Raggio presented DOD estimates on how much housing resources would need to be expanded to serve 20 percent of SSI and SSDI recipients by 2012 and 25 percent by 2014.

Steve Day of the Technical Assistance Collaborative spoke next about the work TAC has done on housing for people with mental illness in collaboration with the Transformation Office. TAC has been engaged to expand affordable housing for people with mental illness. He noted that it is gratifying to work in Maryland, which he characterized as fertile ground for making changes in housing for people with disabilities. The State is clearly committed to recovery as well as working across agency boundaries and funding streams. Maryland's public mental health system is on a good trajectory to build recovery into all levels of services.

As part of the study it conducted for MHA, TAC interviewed staff of CSAs, On Our Own affiliates, and state agencies. Mr. Day reviewed a number of the barriers to assuring affordable housing for this population. To begin with, federal housing policy does not give priority for people with disabilities. TAC found that facility-based housing programs have created the impression that housing people with disabilities is the job of the human services system as opposed to the affordable housing system. While state housing agencies produce many "affordable" housing units, they are not affordable to people receiving SSI support. Maryland very much needs permanent supportive housing (PSH) for people with serious mental illness, prioritizing the availability of PSH units for people at highest risk for hospitalization, homelessness, and incarceration.

Unfortunately, residential rehabilitation programs (RRPs)—as opposed to independent community living arrangements—remain the default discharge setting for too many consumers moving back to the community. As a result, RRP function both as treatment and as housing modalities.

Lisa Sloane of TAC reviewed several promising local housing initiatives in Maryland, describing programs in Montgomery and Anne Arundel counties as well as Baltimore City. She also

reviewed recommendations TAC made for improving Maryland's housing resources for people with mental illness, including:

- Develop a systemwide housing strategy, as contrasted with the piecemeal approach which has historically been taken.
- Align existing housing resources to give priority to people with mental illness.
- Begin discharge planning to a less restrictive setting at admission to a residential services program.
- Strengthen utilization management of RRP and PRP programs, with CSAs' actively managing the "front door" to these programs.
- CSAs should actively manage RRP capacity to assure appropriate movement and access by only the highest priority consumers.
- State agencies should leverage new federal housing opportunities, building on the priority the President has given under the "Year of Community Living," the new partnership between HUD and DHHS, and pending Section 811 program legislation.

Questions, Suggestions, Comments

Ms. Daryl Plevy and Audience

Questions from the audience addressed a variety of issues, including wider use of peer support, supported employment, mental health services for foster children, the linkage between housing and transportation resources, and services to people who are homeless.

TWG Workshops

In the afternoon, members of the audience chose to participate in selected workshops which dealt with the following topics:

- The Community Resources Development Interview Project
- Maryland's Efforts to Reduce Seclusion and Restraint
- Building the Case for Expanded School Mental Health Services in Baltimore City
- Project Connections
- Child Well-Being Initiatives
- Mental Health First Aid
- Housing
- WRAP Phase II

The meeting adjourned at 4:30 p.m.